

CUSTOMER PROFILE

CORPORATE NAME:

TRADE NAME:

DIVISIONS:

ADDRESS:

City

Province

Postal Code

TELEPHONE:

FAX:

E-MAIL:

BUSINESS NUMBER:

NATURE OF BUSINESS:

YEARS ESTABLISHED:

CONTACTS:

PRESIDENT:

Name

Home Address

Residential Phone Number

VICE-PRESIDENT:

SECRETARY:

ACCOUNTS PAYABLE:

Contact Name

Business Phone and Ext.

GENERAL MANAGER:

Contact Name

Business Phone and Ext.

TRAFFIC MANAGER:

Contact Name

Business Phone and Ext.

***Note: Form continues on reverse (page 2)**

CREDIT REFERENCES

BANK: _____ **BRANCH:** _____ **No. of years** _____

MANAGER: _____ **TRANSIT NO.** _____ **ACCT. NO.** _____

Other Credit References:

1) _____

2) _____

3) _____

Have you previously used a customs broker? _____ If yes, who? _____

Do you have accounts with airlines or freight companies? Please Specify:

Name Account Number

Name Account Number

Name Account Number

MAJOR SUPPLIERS: _____

SPECIAL INSTRUCTIONS: _____

How were you referred to gcb Glovers Customs Brokers Inc.?

Yellow Pages: _____ **Advertisement:** _____

Recommended by: _____ **Other:** _____

Office use:		
Credit Approval	PA Number	Date
Credit Limit	Account Number	Masterfile